

Office Use Only:	By:
Participant #	



## SKATE PARK LIABILITY WAIVER

Participant Name			Age	
(First)		(Last)	If under 18, parent/legal	
Date of Birth:			guardian must sign on Page 2	
Street Address				
City:	State	Zi	pcode	
Home Phone:	Cell Phone:			
Email Address				
Mother's Name:	Work	Phone#		
Father's Name:	Work	Work Phone#		
1. I acknowledge that Skateboardin types of shoes with one or more whactivities. Additionally, experience illustration and without limitation, quence of falling, colliding, or being expressly warned that use of this bones, or other serious injury. In ational activities assume the knowledges not assume responsibility for 2. I agree to abide by the Asheboro	neels embedded in each shoe's seed and inexperienced skateboard individuals utilizing this facilitying hit by a skateboard. Individuals in death, pendividuals who participate in, swn and unknown inherent risker injuries. Use this facility at the second s	ole, are infers and skamay receivals utilizing aralysis, but assist, or our own	nerently hazardous recreational aters use this facility. By way of two serious injuries as a conseng this skate park are hereby brain damage, concussion, broke observe these hazardous recreactivities. The City of Ashebororisk.	
anyone using this facility must wea equipment must include helmet,	ar appropriate safety equipment.	At a mini	imum, this mandated safety	
Asheboro.	-			
3. I, for myself and my heirs, execution discharge the City of Asheboro, its in both their official and individual mands, attorney fees, actions, and of myself or any person or entity by retherein.	personnel, its agents, its elected capacities, from any and all jud causes of action of any sort arising	and appoi gements, l ng out of a	inted officials, and its city council, liens, claims, assessments, de- ny damage or injury sustained by	
4. I hereby give permission to Ash while at the Asheboro Skate Park forther form of consideration.		• •		
I have read this entire document, specifically including without lim	· · · · · · · · · · · · · · · · · · ·	_		
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Signature of Participant		Date	Undated May 1, 2007	





## **SKATE PARK**

## **NOTE:**

THIS FORM MUST BE NOTARIZED IF NOT SIGNED IN THE PRESENCE OF AN ASHEBORO PARKS & RECREATION STAFF MEMBER. Picture ID Required\*

Signature of Parent/Legal Guardian:\_\_\_\_\_

Print Name:				
Emergency Phone Number:				
Date:				
Photo ID furnished Provided: Type:				
Signature of Staff Member Processing (witnessing signature)Form:				
NOTARIZATION REQUIRED IF FORM IS NOT FILLED OUT IN PRESENCE OF ASHEBORO PARKS & RECREATION STAFF MEMBER				
	personally appeared before me this day, each acknowledging to me			
Date:	Notary Public			
PLACE NOTARY SEAL INSIDE THIS BOX ONLY!	Notary Fublic			
	(Printed Name of Notary)			
	My Commission Expires:			